APPLICATION FOR REGISTRATION AS AN ATHLETE AGENT



Attorney General Steve Carter

Consumer Protection Division 302 West Washington Street Indianapolis, Indiana 46204

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Please type or print clearly with a blue or black pen.	www.in.gov/attorneygeneral
Information about Applicant	
1. Type of Registration:	
☐ Initial ☐ Renewal	
2. Name of Athlete Agent:	
3. Date of Birth:	
4. Address of Principal Place of Business:	
5a. Business Phone Number:	
5b. Business Fax Number:	
5c. Business E-Mail address:	
6. Name of business or employer (if any):	

Applicant's Background and Experience
7. Please list any business(es) or occupation(s) you have engaged in for the past five (5) years:
8. Please describe your formal training as an athlete agent:
9. Please describe your practical experience as an athlete agent:
10. Please describe your educational background relating to your activities as an athlete agent:

References		
11. Please list the names, addresses and phone numbers of three (3) individuals not related to you who are		
willing to serve as references:		
1		
2.		
2.		
3		
12. Please list the names, sports, an	nd last known teams for each individua	l for whom you have acted as an
athlete agent for the last five years	:	
Name	Sport	Team

Business Information
13. IF YOUR BUSINESS <u>IS NOT</u> A CORPORATION, please list the names and addresses of all partners,
members, officers, managers, associates or profit sharers of the business. IF YOUR BUSINESS $\underline{\text{IS}}$ A
CORPORATION OR YOU ARE EMPLOYED AS AN AGENT BY A CORPORATION, please list the
officers, directors, and any shareholders of the corporation having an interest of five percent (5%) or greater:
Administrative and Judicial Proceedings
14a. Have you or anyone listed in your answer to Question 13 been convicted of a crime that, if committed in
Indiana, would be a crime of moral turpitude or a felony:
□ yes □ no
14b. If yes, please identify the crime, the court in which the case was tried and the sentence entered. Please
attach the relevant documents (i.e. charges, conviction, sentence, etc.) from the court:
15. Has there been any administrative or judicial determination that you or anyone listed in your answer to
Question 13 has made a false, misleading, deceptive or fraudulent representation? If so, please identify the
court or administrative agency that made such a determination and attach copies of the relevant documents:

16. Please describe any instance in which your conduct of	or the conduct of any person named in your answer to
Question 13 resulted in the imposition of a sanction, suspan interscholastic or intercollegiate athletic event on a st	
an interscholastic of interconegiate atmetic event on a st	udent adhete of educational institution:
17. Please describe any sanction, suspension or disciplina	
named in your answer to Question 13 arising out of occu	pational or professional conduct:
18. Has there been a denial of an application for, suspen	sion or revocation of, or refusal to renew the
registration or licensure of yourself or any person name	d in your answer to Question 13 as an athlete agent in
any state: If the answer is YES, please explain:	
I AFFIRM UNDER THE PENALITES FOR PERJURY	THAT THE FOREGOING IS TRUE TO THE BEST
OF MY KNOWLEDGE AND BELIEF.	
Signature:	
Printed Name:	
Date:	

AFFIDAVIT OF NOTARY		
State of SS:		
Before me the undersigned, a Notary Public for	County, State of,	
personally appeared	and acknowledged the execution of this instrument this day	
of, 200		
SEAL		
	(Signature)	
	(Printed name)	
My commission expires:		

To apply for your two-year registration as an athlete agent, please submit this completed form and a check or money order for seven hundred dollars (\$700.00) made out to "Indiana Attorney General's Office – Athlete Agent Registration" to:

Office of Indiana Attorney General Steve Carter

Consumer Protection Division Athlete Agent Registration Indiana Government Center South 5th Floor 302 West Washington Street Indianapolis, Indiana 46204